PTO/SB/80 (01-06)
Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number: 24943	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X Practitioners associated with the Customer Number:			249	943			
Assignee Name and Address: Genomine, Inc. Venture Bidg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Koraa A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form if the application in which this Power of Attorney is to be filled. Signature Name Registration Number Regist	OR							
as attornoy(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Firm or	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X		Name		Registration Number	Registration Name Number			
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X				700 mg				
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X			1 Account 2	1000 and 100				
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X		(=) == ====t(=)	to represent the undereigned hef	are the United States	Potent and Trademar	rk Office (USPTO) in o	connection with	
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Assignee Name and Address: Genomine, Inc. Venture Bidg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Name Kyung Nok Park Telephone	any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents							
Firm or Individual Name Address City State Zip Country Telephone Emall Assignee Name and Address: Genomine, Inc. Venture Bildg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Genomine, Inc. Venture Bildg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone								
Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Genomine, Inc. Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Ryung Mok Park Telephone	The address associated with odstorner runner.							
City State Zip								
City State Zip Country Telephone Email Assignee Name and Address: Genomlne, Inc. Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Name Kyung Mok Park Telephone	L—J Individual Name							
Country Telephone Assignee Name and Address: Genomine, Inc. Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telophone	Address							
Assignee Name and Address: Genomine, Inc. Venture Bidg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone	City	City		State	State		Zip	
Assignee Name and Address: Genomine, Inc. Venture Bidg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone	Country							
Genomine, Inc. Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Ryung Mok Park Telephone	Telephone				Email			
Genomine, Inc. Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Ryung Mok Park Telephone	l							
Venture Bldg 306 Pohang Techno Park Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone	Assignee Name and Address:							
Pohang, Kyungbuk 790-784 Korea A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone	·							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone								
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Name Kyung Mok Park Telephone	Korea							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Name Kyung Mok Park Telephone	A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
Signature Signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Signature Telephone	the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Kyung Mok Park Telephone								
Name Kyung Mok Park Tetephone	The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
	Signature	Ba	Myson			Date		
	Name	Kyung	Mok Park			Telephone		
This collection of information is required by 37 CFR 1.31 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.